U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.	
E .		
1. File Number U - 1/173.9	2. Fiscal Year Covered From:	
	01 / 01 / 2004 Through: (12 / 31) / (2004)	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Todd A Doree	Name Painters District Council #3 (IUPAT)	
	Labor Organization File Number 003.437	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 9902 E, 62nd STreet	Street 9902 E. 62nd Street	
City Raytown:	City Raytown	
State Missouri ZIP Code + 4 64133	StateMissouri ZIP Code + 4 64133	
5. Position in labor organization. Business Réprésencetive		
The register of a finish for the first of th		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization	erived income or other economic benefit of a represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Painters District Council #3		
Trade Name, if any		
P.O. Box, Bidg., Room No., If any	/.b, Amount	
Street 9902 E. 62nd Street		
City Raytown		
State Missouri JZP Code + 4 64133		
Signatu	re	
15. Signature and verification. The undersigned declares, under penalty of Per submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the section	documents), has been examined by the signatory and is, to the best of the	
Signed Let 11	On 8/12/05 (3/6) 215 - 56.34 Date Telephone Number	
	Date Leichtoric Milither	

Name of Person Filing Todd A. Domee	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	actively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Arnold, Newbold, Winter & Jackson	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 1125 Grand, Ste. 1600	
City Kansas City,	
State Missouri ZIP Code + 4 64106	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #3 Pension. Health & Welfare and Apprenticeship Train	ing Fund
Trade Name, If any:	
P.O. Box, Bldg., Room No., If any	Funds Attorney
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing. 150,000.00
City Kansas City	12.a. Nature of interest held or income received.
State Missouri ZIP Code + 4 64111	
•	NONE
	THE REPORT OF THE PARTY OF THE
	12.b. Amount
C: Received from any employer (other than an employer covered unde	or narts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value:
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City (
State ZIP Code + 4	
	14.b. Amount of payment
13.b. Is the Business an Employer or Consultant?	

Name of Person Filing Todd A. Doree	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or or an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	actively seeking to represent, or r indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name, Wilson-McShane	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 3100 Broadway, STe. 8C5	
Cty Kansas City	
State Missouri ZIP Code + 4 64111	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #3 Pension Health & Welfare and Apprenticeship Training Trade Name, Fany:	
P.O. Box, Bidg., Room No., if any	Funds Administrator
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing. 150,000.00
City Kansas City	12.a. Nature of interest held or income received.
State Missouri ZIP Code + 4 .64111	
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	The same of the sa
	12.b. Amount 25.24.00
C: Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above). or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment
(Including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street,	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Todd A. Doree		File Number U-		
B. Held an Interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oft of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	ctively seeking to represent, or indirectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name United ACturial Services, Inc. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11590 North Meridian St., Ste. 610 City Carmel State Indiana ZIP Code + 4 46032	9. Business deals with: a. Labor Organization X b. Trust c. Employer	n		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such cealing.	,		
Name Painters District Council #3 Pension and Health & Welfare Fund Trade Name, If any: P.O. Box, Bldg., Room No., If any	Funds Actuary			
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of	f such dealing.	150,000.00	
City Kansas City	12.a. Nature of interest held or	··		
State Missouri ZIP Ccde + 4 64111	Lunch			
	12.b. Amount.		\$15.00	3
			31 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above). or other thing of value.			
3.a. Name and address of Employer or Labor Re'at ons Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4	14.a. Nature of payment.			
3.b. Is the Business an Employer or Consultant?				

Name of Person Filing Todd A. Doree	- Fre Ngliber 0	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
8. Name and address of Business (including trace name, if any). Name . Segal Advisors Trade Name, if any: P.O. Box, Bidg., Room No., if any Street: 1300. East 9th Street, Suite 1900 City Cleveland State Ohio. ZIP Code +4 44114	a. Labor Organization X b. Trust	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Painters District Council #3 Pension Fi Trade Name, If any: P.O. Box, Bldg., Room No., If any	Fund Advisor	
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing.	20,000.00
City Kansas City	12.a. Nature of interes: held or income received.	[20.000.00
State Missouri ZJF Code + 4 64111	Lunch	
	12.b. Amount.	\$15.00 j
	The state of the s	And the second second
Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Frade Name, if any: P.O. Box, Bldg., Room No., if any	14.a. Nature of paymen.	
Street ZIP Code - 4	! !	j
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Todd A. Doree	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Painters District Council #3 Pension	a. Labor Organization	
Trade Name, if any:	X b. Trust	
P.O. Box, Bldg., Room No., If any	c. Employer	
Street; 3100 Broadway, Ste. 805		
Cty Kansas City		
State Missouri ZIP Code +4 64111	,	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such cealing.	
Name Painters District Council #3	Served as Trustee	
Trade Name, if any:	A STATES	·
P.O. Box, Bldg., Room No., if any		
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing.	
City Kansas City	12.a. Nature of interest held or income received.	,
State Missouri ZIP Code + 4 64111	International Foundation of	Employee Benefits
		in Torone o
	12.b. Amount	\$4.7824.92 J
C: Received from any employer (other than an employer covered under	parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value: 14.a. Nature of payment.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		
Name	*)
Trade Name, if any:	1	:
P.O. Box, Bldg., Room No., if any		
Street	;	
City	!	1
State ZIP Code + 4	: 	
13.b. Is the Business an Employer or Consultant?	14.5. Amount of payment	
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Name of Person Filing Todd A. Doree	File Number U-
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	exactively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name District Council #3 Health & Welfare	· :
Trade Name, if any:	a. Labor Organization
	b. Trust
P.O. Box, Blog., Room No., It any Land Land Land Land Land	c, Employer
Street 3100 Broadway, Ste. 805	
City Kansas City	1
State Missouri ZIP Code + 4 64111	<u> </u>
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Painters District Council #3 Health &	Wellfare
Trade Name, if any:	7
	Served as Trustee
P.O. Box, Bidg., Room No., if any	7
Street 3100 Broadway, Ste. 805	11.b. Approximate dollar value of such dealing
City Kansas City	12.a. Nature of interest held or income received.
State Missouri ZIP Code + 4 64111	
	N/A
	12.b. Amount
C. Destrict from any employer (other than an employer covered und	er parts A and B above).
C: Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	
City	
State ZIP Coce + 4	<u>:</u>
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	, ,

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). Name District Council #3 Apprenticeship Training Fund Trade Name, if any:	
Name District Council #3 Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 105 W. 12th Ava. Cly Kansas City State Missouri Zip Code +4 64116 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 105 W. 12th Ave. 11.b. Approximate dollar value of such dealing. -0-	
Trade Name, if any: P.O. Box, Bidg., Room No., if any	
Trade Name, if any: P.O. Box, Sldg., Room No., if any Street 105 W. 12th Ave. City Kansas City State Missouri Zip Code + 4 64116 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 105 W. 12th Ave. 11.b. Approximate dollar value of such dealing. —0—	
Street 105 W. 12th Ave. City Kansas City State Missouri Zip Code +4 64116 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 105 W. 12th Ave. 11.b. Approximate dollar value of such dealing. -0-	
Street 105 W. 12th Ave. City Kansas City State Missouri Zip Code + 4 64116 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Apprenticeship Training Fund Trade Name, if any. P.O. Box, Bidg., Room No., if any Street 105 W. 12th Ave. 11.b. Approximate dollar value of such dealing. -0-	
State Missouri ZiP Code + 4 64116 10. If 9.b. or 9.c. Is checked give trust or employer's name. Name Painters District Council #3 Served as Trustee Trade Name, if any:	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name {Painters District Council #3 Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 105 W. 12th Ave. 11.a. Nature of such cealing. Served as Trustee 11.b. Approximate dollar value of such dealing.	
Name {Painters District Council #3	
Apprenticeship Training Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 105 W.: 12th Ave. 11.b. Approximate dollar value of such dealing.	
P.O. Box, Bidg., Room No., if any Street 105 W. 12th Ave. 11.b. Approximate dollar value of such dealing.	
11.b. Approximate dollar value of such dealing.	
City Kansas City 12.a. Nature of interest held or income received.	. ,
State Missouri ZIP Code + 4 64116	:
4 lunches @ \$6.50 each	i i
12.b. Amount. 26:00	الخسط
Received from any employer (other than an employer covered under parts A and B above): If from any labor relations consultant to an employer any payment of money or other thing of value.	
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	1
Trade Name, if any:	1
	: }
P.O. Box, Bldg., Room No., if any	
	This is a fingle of the second
P.O. Box, Bldg., Room No., if any Street;	
treet	ender endered en

Name of Person Filing Todd A. Doree	File Number U-
B. Held an interest in or derived income or economic benefit with monetal substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, cr or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name I.U.P.A.T. Joint Apprenticeship Taining Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1750 New York Ave., NW	Xi b. Trust
A company of the comp	
State D.C. ZIP Code + 4 20006	_J
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name District Council #3	
Trade Name, if any:	
P.O. Box, Bidg., Room No., If any	Business Representative of District Council No. 3/Participent
Street 9902 E. 62nd Street	
City Raytown	11.b. Approximate dollar value of such dealing. 100,000.00
State Missouri ZIP Code + 4 64133	12.a. Nature of interest held or income received.
Missouri	Lodging & Meals - IES \$1,001.07 Graduation Banquet \$ 43.49
	12.b. Amount. \$1,044-56.
C: Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.
t3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any: !	
P.O. Box, Bldg., Room No., if any	
Street,	
itate ZIP Code + 4	
3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment